

MARTY SHEETS MEMORIAL STEER RIDING  
NEBRASKA'S BIG RODEO  
OFFICIAL ENTRY BLANK

AGE LIMIT 9-11 (As of July 22)

FORMAT--READ CAREFULLY

- A. Limited to first 30 entries received.
- B. Positions will be drawn. Contestants may list traveling partners so they can be drawn together to accommodate travel.
- C. Buckle given for first, with prize for second. If a tie, prize will be decided by a coin flip.

2. GROUND RULES--READ CAREFULLY

- A. **Contestants must have own equipment. (rope, etc.)**
- B. Ride will be six seconds, with one hand.
- C. Contestants must be ready to compete when called on or gate will be open regardless.
- D. Contestants must be accompanied by one adult helper.

**ENTRIES CLOSE JULY 22, 2011**

NAME \_\_\_\_\_ DATE \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ EMAIL \_\_\_\_\_

List two performance preferences: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ (will try to accommodate by not guaranteed)

Send notarized entry blank (SIGNED BY BOTH PARENTS)

and \$10.00 entry fee payable to

Nebraska's Big Rodeo to:

Peggy Plugge

83823 473<sup>RD</sup> Ave

Burwell NE 68823 308-348-2204 (cell) 308-383-2956

[plugge08@gmail.com](mailto:plugge08@gmail.com)

**YOU WILL BE NOTIFIED  
THE PERFORMANCE (S) YOU  
WILL COMPETE IN.**

STATE OF \_\_\_\_\_, County of \_\_\_\_\_

Before me, the undersigned authority, a Notary Public in and for said State and County, on this day personally appeared \_\_\_\_\_, PARENTS OR GUARDIANS of the applicant who has signed the foregoing application for entrance in the Marty Sheets Memorial Steer Riding, during "Nebraska's Big Rodeo", at Burwell, Nebraska, who upon their oath, each deposes and says: That we hereby give consent for the said applicant to participate in said rodeo and hold the sponsoring organization harmless from any liability whatsoever by reason of his participation in said rodeo. In case of injury, permission is hereby given any doctor or hospital to render whatever examination and treatment which is necessary.

\_\_\_\_\_  
Mothers Signature

\_\_\_\_\_  
Fathers Signature

SUBSCRIBED and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC